

NECO Scrap or Damage Request



DAMAGE CLAIMS DEPARTMENT

P.O. Box **621030**, Charlotte, NC 28262-8020
Email: Your District Manager the completed form.

Group: ADC # 35413

Dealer Name: _____

FAX: _____

DATE: _____

Email: _____

DAMAGE ALLOWANCE Email: [your Electrolux District Manager](#) (2 Photos required)

SCRAP REQUEST – Email [your Electrolux District Manager](#) (3 Photos Required)

UNITS REQUESTED FOR SCRAP or Damage Allowance

MODEL:		SERIAL:		Description of Damage:	
MODEL:		SERIAL:		Description of Damage:	
MODEL:		SERIAL:		Description of Damage:	

FOR INTERNAL USE ONLY: _____

RETURN BY MAIL BEFORE: _____

CUSTOMER INFO: _____

ORDER #: _____ **INVOICE #:** _____

BILL OF LADING #: _____ **P.O. #:** _____

CARRIER SCAC: _____ **PRO/VEH #:** _____

FINANCE AGENCY: 0 **FINANCE TERMS:** _____ **UNIT COST:** \$ _____

DAMAGED **DAMAGE TYPE:** **VISIBLE** **CONCEALED**

YOU MUST MAIL A COPY OF THIS FORM WITH THE ORIGINAL SERIAL TAG TO THE ADDRESS ABOVE. THIS INFORMATION MUST BE RECEIVED WITHIN 15 BUSINESS DAYS OF TODAY'S DATE, OR THIS AUTHORIZATION WILL BE VOID (SEE THE "RETURN DATE" ABOVE). THANK YOU FOR YOUR COOPERATION.